	MARSH		CERTIFIC	ATE OF IN	SURANCE		ICATE NUMBER 01340862-01			
PRODUCER  MARSH USA INC TWO LOGAN SQUARE PHILADELPHIA. PA 19103			NO RIGHTS UF POLICY. THIS	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS  NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.						
рШ	Attn: NAMALIE DESILVA	M		COMPANIES AFFORDING COVERAGE						
PHILADELPHIA.CERTS@MARSH.COM 25367 -ALL-GAWUP-05-06			COMPANY <b>A</b> C	I						
INSU	JRED		COMPANY							
	WESTON SOLUTIONS, INC. ATTN: SUSAN HIPP-LUDWIC	CK	B LI							
	1400 WESTON WAY WEST CHESTER, PA 19380		C N/A							
			COMPANY D N/A							
		certificate supersedes and replaces								
	NOTWITHSTANDING ANY REQUIREMENT, T	FINSURANCE DESCRIBED HEREIN HAVE TERM OR CONDITION OF ANY CONTRACT OF THE POLICIES DESCRIBED HEREIN IS SUB D BY PAID CLAIMS.	R OTHER DOCUMENT	WITH RESPECT TO W	HICH THE CERTIFICATE MAY B	E ISSUE	O OR MAY			
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LII	MITS				
	GENERAL LIABILITY				GENERAL AGGREGATE	\$	2,000,000			
Α	X COMMERCIAL GENERAL LIABILITY	GL 3779410	01/15/05	01/15/06	PRODUCTS - COMP/OP AGG	\$	2,000,000			
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	\$	1,000,000			
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$	1,000,000			
	X CONTRACTUAL LIABILITY				FIRE DAMAGE (Any one fire)	\$	1,000,000			
	X PER PROJECT AGGREGATE				MED EXP (Any one person)	\$	10,000			
В	X ANY AUTO	AS2131477160-035 (AOS)	01/15/05	01/15/06	COMBINED SINGLE LIMIT	\$	1,000,000			
В	ALL OWNED AUTOS SCHEDULED AUTOS	AS2131477160-045(TX)	01/15/05	01/15/06	BODILY INJURY (Per person)	\$				
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$				
					PROPERTY DAMAGE	\$				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
	ANY AUTO				OTHER THAN AUTO ONLY:					
					EACH ACCIDENT	\$				
					AGGREGATE	\$				
	EXCESS LIABILITY				EACH OCCURRENCE	\$				
	UMBRELLA FORM				AGGREGATE	\$				
	OTHER THAN UMBRELLA FORM WORKERS COMPENSATION AND				WC STATUL LOTH	\$				
	EMPLOYERS' LIABILITY	WC2131477160015		04/45/00	X WC STATU- OTH- TORY LIMITS ER		1 000 000			
В	THE DRODDIETOR/		01/15/05	01/15/06	EL EACH ACCIDENT	\$	1,000,000			
	PARTNERS/EXECUTIVE   INCL				EL DISEASE-POLICY LIMIT EL DISEASE-EACH EMPLOYEE	<u> </u>	1,000,000			
	OFFICERS ARE: EXCL OTHER				EL DISEASE-EACH EMPLOYEE	Ψ	1,000,000			
DES	CRIPTION OF OPERATIONS/LOCATIONS/VEH	HICLES/SPECIAL ITEMS								
CEF	RTIFICATE HOLDER		CANCELLA	HON						
				SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF,						
	EVIDENCE OF INSURANCE			THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL $oldsymbol{30}$ DAYS WRITTEN NOTICE TO THE						
	EVIDENCE OF INSURANCE			CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR						
				LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE						
				ISSUER OF THIS CERTIFICATE.  MARSH USA INC.						
			BY: Mary Radaszewski Mary Radaszewski							
			MM1(3/02)	51/25 Pr. 1/25 1974)						

	MARSH		CERTIFIC	ATE C	OF IN	SURANCE	CERTIFICATE NUMBER CLE-001340862-03		
PRODUCER  MARSH USA INC TWO LOGAN SQUARE PHILADELPHIA, PA 19103 Attn: NAMALIE DESILVA			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.  COMPANIES AFFORDING COVERAGE						
PHILADELPHIA.CERTS@MARSH.COM			COMPANY						
25367 -ALL-GAW UP-05-06 Insured			A N/A COMPANY						
	WESTON SOLUTIONS, INC. ATTN: SUSAN HIPP-LUDWI		B N/A						
1400 WESTON WAY WEST CHESTER, PA 19380			COMPANY C N/A						
			COMPANY  D AMERICAN INTERNATIONAL SPECIALTY LINES INS CO						
COV	ERAGES This	certificate supersedes and replaces	s any previously issued certificate for the policy period noted below.						
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICA' NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREC LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						E ISSUED OR MAY			
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EX DATE (MM		LIMITS			
	GENERAL LIABILITY					GENERAL AGGREGATE	\$		
L	COMMERCIAL GENERAL LIABILITY					PRODUCTS - COMP/OP AGG	\$		
	CLAIMS MADE OCCUR					PERSONAL & ADV INJURY	\$		
	OWNER'S & CONTRACTOR'S PROT					EACH OCCURRENCE	\$		
-						FIRE DAMAGE (Any one fire)	\$		
	AUTOMOBILE LIABILITY					MED EXP (Any one person)  COMBINED SINGLE LIMIT	\$		
	ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$		
	SCHEDULED AUTOS					<u> </u>			
-	HIRED AUTOS  NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE	\$		
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	<b>\$</b>		
	ANY AUTO					OTHER THAN AUTO ONLY:			
						EACH ACCIDENT	\$		
	EVERSELIABILITY					AGGREGATE	\$		
-	EXCESS LIABILITY					EACH OCCURRENCE	\$		
-	UMBRELLA FORM					AGGREGATE	\$ \$		
	OTHER THAN UMBRELLA FORM WORKERS COMPENSATION AND					WC STATU- OTH- TORY LIMITS ER	Φ		
	EMPLOYERS' LIABILITY					TORY LIMITS   ER	\$		
	THE PROPRIETOR/ INCL					EL DISEASE-POLICY LIMIT	\$		
	PARTNERS/EXECUTIVE OFFICERS ARE: EXCL					EL DISEASE-EACH EMPLOYEE	\$		
	OTHER								
	CONTRACTORS POLLUTION LEGAL LIABILITY	COPS3779570	01/15/05	01/15/06		PER OCCURRENCE AGGREGATE	1,000,000 1,000,000		
DESCI	RIPTION OF OPERATIONS/LOCATIONS/VE	HICLES/SPECIAL ITEMS	<u> </u>			<u> </u>			
CER	CERTIFICATE HOLDER CANCELLATION								
		SHOULD ANY OF TH	SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF,						
	EVIDENCE OF PROVIDENCE		THE INSURER AFF	ORDING COVE	RAGE WILL	. ENDEAVOR TO MAIL30 DAY	S WRITTEN NOTICE TO THE		
	EVIDENCE OF INSURANCE		CERTIFICATE HOLD	CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR					
				LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE					
			ISSUER OF THIS CE	ISSUER OF THIS CERTIFICATE.					
				BY: Mary Radaszewski Mary Radaszewski					
			MM1(3/02)			VALID AS OF: 01/25/05			
			(3/02)			VALID AS OF.	31,20,00		

	MARSH	C	ERTIFIC	ATE	OF IN	SURANCE	CERTIFICATE NUMBER CLE-001340862-02	
	DDUCER MARSH USA INC TWO LOGAN SQUARE PHILADELPHIA, PA 19103 Attn: NAMALIE DESILVA ILADELPHIA.CERTS@MARSH.CO	M	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.  COMPANIES AFFORDING COVERAGE				PROVIDED IN THE R THE COVERAGE	
2536	67 -ALL-GAWUP-05-06		COMPANY A N/A					
INSURED			COMPANY B N/A					
	WESTON SOLUTIONS, INC. ATTN: SUSAN HIPP-LUDW ( 1400 WESTON WAY		COMPANY					
	WEST CHESTER, PA 19380	)	C N	ATIONA	NAL UNION FIRE INS CO			
			D N/	Α				
СО		certificate supersedes and replaces						
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)		EXPIRATION MM/DD/YY)			
	GENERAL LIABILITY					GENERAL AGGREGATE	\$	
	COMMERCIAL GENERAL LIABILITY					PRODUCTS - COMP/OP AGG	\$	
	CLAIMS MADE OCCUR					PERSONAL & ADV INJURY	\$	
	OWNER'S & CONTRACTOR'S PROT					EACH OCCURRENCE	\$	
						FIRE DAMAGE (Any one fire)	\$	
	AUTOMOBILE LIABILITY					MED EXP (Any one person)	\$	
	ANY AUTO					COMBINED SINGLE LIMIT	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	\$	
	HIRED AUTOS					BODILY INJURY	\$	
	NON-OWNED AUTOS					(Per accident)		
						PROPERTY DAMAGE	\$	
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO					OTHER THAN AUTO ONLY:		
						EACH ACCIDENT	\$	
						AGGREGATE	\$	
	EXCESS LIABILITY					EACH OCCURRENCE	\$ 1,000,000	
С	X UMBRELLA FORM	BE2684772	01/15/05	01/15/0	06	AGGREGATE	\$ 1,000,000	
	OTHER THAN UMBRELLA FORM						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER		
						EL EACH ACCIDENT	\$	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE					EL DISEASE-POLICY LIMIT	\$	
	OFFICERS ARE: EXCL					EL DISEASE-EACH EMPLOYEE	\$	
	OTHER STATES							
DES	CCRIPTION OF OPERATIONS/LOCATIONS/VE	HICLES/SPECIAL ITEMS				I		
CE	RTIFICATE HOLDER		CANCELLA	TION				
		SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL30 DAYS WRITTEN NOTICE TO THE						
	EVIDENCE OF INCLIDANCE							
EVIDENCE OF INSURANCE			CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR					
			LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE					
				ISSUER OF THIS CERTIFICATE.				
			MARSH USA INC.  BY: Mary Rad	357 <u>0</u> We	ski Mary Radaszewski			
			•	AUL WO	VI .	1017 15 1270 1270		
			MM1(3/02)			VALID AS OF:	01/25/05	